

**Application for Internship with the Arts in Medicine Programs at UF**

Name

Address

E-mail Phone

School/Major/Year

Requested Internship dates

A Letter of Recommendation is attached or forthcoming from:

Name Phone

Address/e-mail

**Please attach: 1) your resume or CV; and 2) a personal statement addressing the following:**

1. Why are you interested in an internship with the Arts in Medicine Programs at UF?

2. How will this experience support your education or career?

3. What experience do you have that will support or inform your work in this internship?

4. What are your specific goals for the internship?

5. Is there anything else you would like us to know as we consider your application?

**Please return this form to the Center for Arts in Medicine by the posted deadline at:**

UF Center for the Arts in Medicine, PO Box 115800, Gainesville, FL 32611 OR e-mail to: cam@arts.ufl.edu